



## Participant Evaluation Form

Name: (Optional) \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Program: \_\_\_\_\_

On a scale of 1 to 10 (10 being the best) rate the following questions:

1. This program was very beneficial: 1 2 3 4 5 6 7 8 9 10

Comments: \_\_\_\_\_

2. The instructor was knowledgeable: 1 2 3 4 5 6 7 8 9 10

3. The facility was adequate: 1 2 3 4 5 6 7 8 9 10

4. Do you feel that the fee charged was fair? (Please circle one) YES NO

5. Was the staff courteous and responsive? (Please circle one) YES NO

6. How did you hear about the program? (Please circle those that apply)

*Newspaper TV Radio Friend Brochure Center Flyer Website*

7. State any problems or concerns you may have experienced involving this program.

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8. Do you have any suggestions for improving this program? \_\_\_\_\_

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9. What other types of programs would you or a family member like to participate in?

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Please feel free to write any additional comments on the back of this form.  
You may also send your response/comments/suggestions by email to [play@salisburync.gov](mailto:play@salisburync.gov).

Your comments and suggestions are a valuable tool in our efforts to offer the programs that meet your needs!